

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m-G		11/5/00
O.L.P.E. CLASSIFIER		59	11/30/00
FORMALITY REVIEW		70611	2/2/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/05/00
2	✓	✓	11/05/00
3	✓	✓	11/05/00
4	✓	✓	11/05/00
5	✓	✓	11/05/00
6	✓	✓	11/05/00
7	✓	✓	11/05/00
8	✓	✓	11/05/00
9	✓	✓	11/05/00
10	✓	✓	11/05/00
11	✓	✓	11/05/00
12	✓	✓	11/05/00
13	✓	✓	11/05/00
14	✓	✓	11/05/00
15	✓	✓	11/05/00
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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